

Advanced HIV Prevention Counseling and Risk Reduction

Course Dates:

September 27, 2007
Spartanburg, SC

October 2, 2007
Charleston, SC

All trainings will begin promptly at 9 a.m.
Participant sign-in is at 8:30 a.m.

Registration form

***For registration, cancellation, or course
Information contact:***

James Harris, Jr.
STD/HIV Division Training Coordinator
1751 Calhoun Street
Columbia, South Carolina 29201
Phone: 803-898-0480
Fax: 803-898-0573
Email: harrisj@dhcc.sc.gov

***Deadline for registration is 15 business days
prior to the training.***

Course Description:

This 1-day course will focus on building the skills necessary to provide effective testing and counseling skills. It will address challenges encountered while working with clients in areas of giving test results, risk assessments and risk reduction counseling. Level 1 is designed for HIV prevention and care case managers and social work staff with 1 – 2 years of experience.

Prerequisites:

- Fundamentals of HIV Prevention Counseling, Test Decision Counseling, Result Counseling, and Risk Reduction Counseling or its equivalent

Preparation:

Class participants should come to the workshop prepared to discuss a challenging client scenario they have encountered, or are currently working with, around the issues of HIV prevention.

Audience:

HIV Prevention and Care Case Managers and Social Workers

Instructor (s):

Bill Hight, Ph. D

Training Hours:

6.5

Continuing Education Units available.



STD/HIV Division

***Advance HIV Prevention Counseling and Risk Reduction
Registration Form***

Completion of this form indicates your intentions to attend the course indicated. This registration will not be processed without your supervisor's signature. **You will receive confirmation of enrollment when your registration is processed. All DHEC courses will be limited to the first 20 individuals registered.**

Name: _____
District or Organization: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Phone: _____ **Evening:** _____
Fax: _____
E-mail Address: _____

Type of Agency (check one):

- | | | |
|---|---|--|
| <input type="checkbox"/> State Health Dept. or Professional | <input type="checkbox"/> Local Health Dept. | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Non-governmental Org. | <input type="checkbox"/> Private Medical Provider | <input type="checkbox"/> Corrections |
| <input type="checkbox"/> DHEC Funded Prevention Contractor | <input type="checkbox"/> Other _____ | |

Mark the course date and location you are requesting:

___ September 27, 2007	Spartanburg, SC
___ October 2, 2007	Charleston, SC

*Fundamentals of HIV Prevention Counseling or its equivalent is a prerequisite for the above course. Please indicate the following information regarding each:

1. Date and location: _____
2. Date and location: _____

Supervisor's Signature: _____

(Your supervisor **must** sign this form to indicate knowledge and agreement with your registration.)

For additional information contact James Harris, Jr. STD/HIV Division Training Coordinator at 803-898-0480 or by e-mail at harrisj@dhec.sc.gov. Fax registration forms to 803-898-0573. Deadline for registration is 15 business days prior to all training dates.